the number of cach ARIZONA STATE BOARD OF HEALTH State File No.. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH the number County... District or Township Miane Alf both occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. Cana cach, 2. Full name of child PERMANENT 3. Sex of Child 4. Twin, triplet or other...... | 6. Legitimate? To be answered ONLY Š 7. Date in event of plural births. 5. No., in order of birth. Year PATHER 14. MOTHER Full name Full malden name 9. Residence 15 Residence (Usual blace of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10. Color or race 16 Color or race 17. Age at last birthday 11. Age at last birthday... 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation at a Nature of Industry Nature of Industry 20. Number of children of this mother 21. Were precautions taken against oph-(a) Born alive and now living thaimia neonatorum? (Taken as of time of birth of child berein certified and including this child.) (b) Born alive but now dead ... (c) Stillborn ... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was... (Born alive or stillborn.) * When there was no attending physician or midwife, then the father, householder, Signature..... etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report Address Month, day, year Registrar Registrar

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